**Bright Futures Guidelines and Tools**<a href="mailto:brightfutures.aap.org/web/healthCareProfessionalstoolsAndResources.asp">brightfutures.aap.org/web/healthCareProfessionalstoolsAndResources.asp</a>

## **Online Access to Health Professionals Encounter Forms**

View the pdf versions of this publication by clicking the links below:

- Prenatal to 1 Year
- 15 Months to 5 Years
- 6 Years to Adolescence

Prenatal Visit	D# Date:
Name:	
Phone:	
Expected due date:	Bright Futures
OUESTIONS FOR PARENT	Are you concerned about being able to afford
How has your pregnancy gone? What has been the most exciting aspect?	food or supplies for your baby?  Ask the mother privately: Does your partner ever lose his temper, throw things, threaten you, or hurt you?
How are your preparations for your baby going?	
Who will help you when you come home with your baby?	
<ul> <li>Do you have other children? Have you talked wit them about your pregnancy? Who will look after them while you are in the hospital?</li> </ul>	
<ul> <li>Many expectant parents have concerns about the baby or themselves. Do you have any concerns?</li> </ul>	
<ul> <li>Have you had any physical or emotional problem during the pregnancy?</li> </ul>	
How do you plan to feed your baby? Breastfeeding? Formula? Why?	Notes:
What have you decided to do about circumcision if your baby is a boy?	ו
Was this a good time for you to be pregnant? How does your family feel about it?	
How do you think the baby will change your lives?	
<ul> <li>Do you plan to raise your baby the way you were raised or somewhat differently? What would you change?</li> </ul>	
Are you concerned that your child will inherit any diseases or other characteristics that run in the family?	
Have you been offered HIV testing?	
Do you smoke? Do you drink? Have you taken any drugs? Does your partner?	
Do you plan to return to work? To school? Have you thought about child care arrangements?	